PERINATAL BEHAVIORAL HEALTH INITIATIVE

Request for Partnership Application Submission

FY17 Funding Cycle Application
March 24, 2016
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Mission Statement

The Mission of the MCFHC is to improve birth outcomes, promote healthy families, and build healthy communities by uniting and mobilizing the St. Louis Region.

Through its initiatives and through partnership with over 800 individuals and more than 300 organizations, MCFHC has created a platform for improving collaborative relationships and developing and distributing promising practices and programs that are action oriented and promote measurable progress. Members participate in the MCFHC because far more can be accomplished collectively than alone. Since 1999, the Maternal, Child and Family Health Coalition continues to play a meaningful role in setting the maternal, child and family health agenda in the St. Louis area.

Overview and Background

In 2009, the Maternal Child and Family Health Coalition (MCFHC) identified maternal mental health as a top priority in its report, “Mapping a Course for Healthier Community for Women, Children and Their Family; An Agenda for Community Action (2010).” The St. Louis Mental Health Board invited a proposal for Investment Management Partnership to oversee a grant funding and management process aligned with the MCFHC agenda. Approved by the Trustees in 2011, the Improving Maternal Mental Health Initiative addressed maternal mental health through increased screening, brief intervention and treatment/referral to treatment. Providers from grantee organizations and other organizations serving perinatal women and families were trained in Motivational Interviewing, an evidence-based practice for increasing patient engagement in care.

The Maternal Child and Family Health Coalition (MCFHC) is an Investment Management Partner with the St. Louis Mental Health Board (MHB). Coupled with investment of MHB funds in critical services for perinatal women, the MCFHC will continue to convene multi-sector partner organizations (primary/behavioral health and social service) to improve screening, treatment and case management services for individual women. The MCFHC will work with and through partner organization to move from current screening/referral practices to implementation of universal protocols for screening and referral to case management to improve service delivery across multiple service delivery sectors. Working in a partnership model that provides an integrated, collaborative and reciprocal service delivery system will provide improved behavioral health services to perinatal women when they need it and how they need it.

Research documents the pathway by which perinatal mood and anxiety disorders increases susceptibility in children for adverse social emotional development, decreased cognitive ability and more long term health consequences. Therefore, engaging a mother in becoming as healthy as possible before, during and after pregnancy promotes the best chance of prevention and early intervention for the developing fetus/infant. Reframing the initiative to one of prevention and early intervention for perinatal mothers and their children will offer the best opportunity to address behavioral health concerns before they have long term adverse effects.

St. Louis Mental Health Board

MHB Disclaimers
MHB reserves the right to amend, modify or cancel the funding application process in whole or in part if it is deemed to be in the best interest of MHB to do so.

MHB reserves the right to reject any and all applications, to waive formalities, and to select the applications which are, at MHB’s sole discretion and allowed by statute or regulation, in the best interest of MHB.

MHB reserves the right to reject applications that are inconsistent with Missouri statutes and regulations, St. Louis City ordinances or MHB policies and priorities.

MHB reserves the right to negotiate specific terms of an application if it is deemed to be in the best interest of MHB to do so.

MHB reserves the right to require supplemental information or documentation from applicants to clarify and/or verify information provided in the application.

The **competitive** funding application process does not obligate MHB to select an applicant, pay the costs incurred in preparations of any responses hereto, or to procure or contract for the services or outcomes described herein.

MHB may exercise the foregoing rights at any time without notice and without liability to any applicant or any other party for expenses incurred in the preparation of responses hereto or otherwise. Responses hereto will be prepared at the sole cost and expense of the applicant.

** The Maternal, Child & Family Health Coalition supports and abides by the stated disclaimers of the Mental Health Board, with the exception of the competitive funding application. The PBHI is a non-competitive, negotiated process with Partner Organizations to form an integrated, collaborative and reciprocal referral network.

** MHB Funding Eligibility

1. All organizations considering an application submission should review MHB’s Community Investments Policies which specifically delineate the requirements for funding eligibility.

2. All proposed projects must focus on the provision of services specifically for St. Louis City residents.

** Missouri Department of Mental Health Certification

IMPORTANT: The content in this section is provided for informational purposes and will only apply those organizations submitting a partner application on or after March 24, 2016.

In addition to the general eligibility requirements, Missouri statutes and regulations prohibit MHB from using the Community Mental Health Fund to pay for services that have not been designated by the Missouri Department of Mental Health (DMH). As a rule, DMH has designated all services which it has certified. DMH certifications must be current and applicable to the specific services for which the organization is applying.

DMH also deems as certified any organization holding current accreditation by any of the following national accrediting bodies as long as the certification is applicable to the specific services for which the organization is applying:
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
American Osteopathic Association (AOA)
Commission on Accreditation of Rehabilitation Facilities (CARF)
Council on Accreditation (COA)

NOTE: If organizations do not hold any of the above DMH certifications or national accreditations, applicants must apply for provisional DMH certification prior to MCFHC (due May 5, 2016 at 5:00 p.m.). Provisional certification may be sought from the Division of Community Psychiatric Services. Applicants must prominently note their intention to pursue available County Mil Tax funding.

The division will notify the applicants in writing whether certification standards exist or not for the services that are being proposed. A copy or copies of this notification will need to be produced when requested by MHB.

If MHB recommends an organization for funding, the Department will schedule the full-scale audit and site visit as part of the certification process.

All applicants for provisional certification should review DMH's Core Rules for Psychiatric & Substance Abuse Programs (9CSR9c20-2). Applicants should also be familiar with Certification Standards for Alcohol and Drug Abuse Programs (9CSR9c30-3) and Mental Health Programs (9CSR9c30-4).

Certification Standards for Alcohol and Drug Abuse Programs.pdf
Certification Standards for Mental Health Programs.pdf
Core Rules for Psychiatric & Substance Abuse Programs.pdf

Organizations considering provisional certification for mental health treatment services should email Rhonda.Turner@dmh.mo.gov for application information.

MHB Funding Framework

On October 21, 2015, MHB introduced a revised funding framework via a community meeting. MHB is aligning the Community Mental Health Funding (CMHF) impact areas with a Behavioral Health Continuum of Care, synthesized from several accepted models.

MHB’s Behavioral Health Continuum of Care
MHB FY17 -19 Community Mental Health Funding Framework

The funding framework will impact the Behavioral Health Needs identified in MHB’s 2015 Adult Behavioral Health Needs Assessment.

Needs Assessment Key Findings
- Heroin is the drug for which adult City residents are most likely to be treated.
- Among the insured, those suffering from depression, bipolar depression, and anxiety were most likely to seek treatment.
- Three priority populations: those with co-occurring disorders, young adults transitioning to the adult behavioral health system, and homeless individuals.
- Half of those in City jails have a behavioral health disorder.

By focusing funding in three Impact Areas:

**IMPACT AREA 1 PREVENTION/EARLY INTERVENTION**
Behavioral health conditions are identified, prevented and/or addressed through early intervention.

**IMPACT AREA 2 TREATMENT/INTERVENTION**
Behavioral health conditions are improved through effective treatment/intervention.

**IMPACT AREA 3 CONTINUING CARE**
Behavioral/physical health, stability and productivity are supported through continuing care.

MHB Funding Priorities
MHB’s funding priorities seek to align CMHF-supported programming with MHB’s strategic vision of providing a coordinated system of behavioral health services aligned with community priorities that address the needs of St. Louis City residents 18 years of age and older. Special consideration will be given to proposed projects which:

1. Support services targeting the specific needs of Transition-Age Youth and/or Young Adults. (For the purposes of this application, Transition-Age Youth, Young Adults, and Emerging Adults are considered to be individuals ages 18-26)

2. Increase both the integration and the co-location of primary and behavioral healthcare

3. Support services that address racial equity and reduce disparities

4. Support services that respond to emerging behavioral health issues

**Behavioral Health Services Supported by MHB CMHF Competitive Grants**

As guided by state statute [R.S.Mo. 205.975](https://statutes.legislature.missouri.gov/2015Statutes/205.975), MHB supports the following behavioral health services through the competitive Community Mental Health Fund application process:

- Outpatient services
- Day care services
- Emergency services
- Diagnostic and treatment services
- Liaison and follow-up services
- Consultation and education services
- Rehabilitation services
- Prevention services
- Screening services
- Follow-up care services
- Transitional living services
- Alcoholism and alcohol use prevention and treatment services
- Drug addiction and drug use prevention and treatment services

**Improving Maternal Mental Health Initiative**

The initial three and a half years of the Improving Maternal Mental Health Initiative has been one of learning and adapting. The investment management strategy utilized by MCFHC in Phase I (July 2012-June 2015) was to fund discreet, self-contained projects at four (4) organizations to:

- Implement or expand screening of perinatal women for behavioral health concerns
- Provide brief intervention treatment (counseling, psychiatry)
• Provide referral to other support services

In Phase I, Improving Maternal Mental Health Initiative, the MCFHC compiled information from project outcomes, focus groups, an environmental scan, trainings and professional development activities. Through the evaluation of the components listed the expectation is clear - in the St. Louis region the community of providers and residents have the expectation that services be delivered in an integrated, seamless and coordinated fashion at a single point of service.

Phase I Lessons

The items below are an overview of the lessons learned from the Improving Maternal Mental Health Initiative:

• Screening results clearly demonstrate a need in the community for greater attention to addressing unmet behavioral health concerns in perinatal women:
  o 39% (3,607/9,321) of screens were positive for depression

• Screening is not yet universal or following professional guidelines:
  o While all 4 grantees screened according to guidelines, only 25% of City providers are following professional guidelines for screening (MCFHC Environmental Scan 2013)
  o Implementing screening for depression occurs in the same context as screening for co-occurring concerns, of which there is also limited provider awareness and compliance

• Providers are not offering the services women want:
  o Only 2% of those screened positive elected therapeutic treatment
  o Majority of consumers preferred case management and referrals to therapeutic intervention
  o Yet, providers are limited in their ability to follow-up on referrals and to offer case management
  o Consumers and providers expect that services be delivered in an integrated, seamless and coordinated manner at a single point of service

• Training individual providers changes their practices, however organizations must also adapt their approaches to support provider use of evidence based practices:
  o 56 providers from 20 organizations trained to proficiency/competency in MI
  o Refined MI training each year to build organizational capacity for supporting provider use of MI skills

• Lack of providers trained in Perinatal Mood and Anxiety Disorders (PMAD):
  o Primary care providers lack understanding of medication treatment for PMAD
  o Only 2 perinatal psychiatrists practice in the region
**Phase I Recommendations**

- Broaden initiative to Perinatal Mood and Anxiety Disorders with co-occurring concerns.
- Increasing the percentage of providers screening will require training, standards of practice and access to a referral network.
  - Support organizations to adopt universal screening and referral in a formal network
  - Provide standards for best practices in screening
- As more women are screened, demand for case management, basic needs, and therapeutic interventions will increase and put pressure on capacity of the system – requiring a system-wide approach.
  - Implement PMAD support groups in variety of settings
  - Support partner organizations to coordinate their resources within a formal network to create a virtual one-stop-shop, increase access to services women want, when and where they want it
- Utilize a comprehensive data system to evaluate and support collaboration and coordination among the formal network of providers.

**Transition To The Perinatal Behavioral Health Initiative**

In 2014, the MCFHC began to shift the maternal mental health focus from depression to one of perinatal mood and anxiety disorders, consistent with national trends. This reclassification allows for a broader understanding of depression and anxiety as a spectrum of conditions ranging from mild depression to psychosis. Reframing the approach from Maternal Mental Health (mild to moderate depression) to one of Perinatal Mood & Anxiety Disorders (PMAD) with co-occurring concerns (substance use/intimate partner violence, etc.) requires attention to prevention and early intervention for moms and their developing fetus/infants/other children.

The *Improving Mental Health of Pregnant and Postpartum Women* expanded from project management of four projects, Motivational Interviewing training and evaluation consultation to the *Perinatal Behavioral Health Initiative*, a system-focused approach. In order to gauge progress of the expanding initiative the MCFHC is utilizing FY16 to:

- Continue service delivery (screening, treatment and case management) with designated grantee partners;
- Continue Motivational Interviewing training and add Trauma Informed Leadership Academy;
- Review the data and recommendations from the first three project years;
- Review evaluations and recommendations from environmental scan (2013), trainings, and professional development sessions;
- Conduct, review and analyze a needs assessment.

This information has been used to inform the new approach.

**Phase II Approach**
In July 2015 the *Improving Mental Health of Pregnant and Postpartum Women* was renamed the *Perinatal Behavioral Health Initiative* (PBHI). This more accurately reflects the changing environment for health care through the ongoing implementation of the Patient Protection and Affordable Care Act of 2010 (commonly called the ACA) to provide integrated primary and behavioral health delivery and is a major influence in the approach being undertaken by the MCFHC for the PBHI.

The 2-prong strategy is:
1. Partner organizations (8-15) will adopt universal screening, enhance existing services, fill gaps in services, and participate in the implementation of a formal referral network

2. Build a system of service delivery to better meet needs of perinatal women and children
   - Change/improve current screening/referral process to align with universal screening/referral protocols
   - Offer brief intervention and referrals to treatment through a case management model
   - Utilize case management and care coordination among partner organizations as a bridge among primary and behavioral health and social services organizations
   - Increase access to perinatal psychiatric expertise for identified women and consultation for providers
   - Participate in collaborative learning, quality improvement and capacity building activities to address system barriers (i.e., reimbursement practices, data sharing agreements, referral follow up, case management/care coordination) that promote and enhance cross-sector collaboration of services

**Perinatal Behavioral Health Initiative (PBHI) Goal, Strategies, and Major Objectives**

The goal of the PBHI is to improve the system of service delivery to perinatal women experiencing behavioral health concerns. This goal will result in better behavioral health outcomes for perinatal women and ultimately better outcomes for their children. The MCFHC will use the two-prong approach of service delivery and system-building listed above to meet this goal.

**Strategy 1: Service Delivery**-MCFHC will fund a network of service providers based on identified gaps and needed enhancements in service provision that prohibit identified pregnant/postpartum (perinatal) women from accessing real time brief interventions (therapeutic treatment) and case management/supportive services for referrals and linkages.

- **Objective 1:** Screen increased number of perinatal women for perinatal mood and anxiety disorders and co-occurring disorders (PMAD/COD) according to professional guidelines (American College of Obstetricians and Gynecologist-once a trimester and 6 week postpartum visit; American Academy of Pediatrics at each well baby visit to one year). Women screening of concern who agree to participate will be referred to case management for therapeutic treatment and other supportive services.
**Strategy 2: Building the System** Partner Organizations will align services for perinatal women (up to one year postpartum) with identified behavioral health concerns (perinatal mood and anxiety and co-occurring disorders) and build capacity of partner organizations to serve women.

- **Objective 2:** Develop a workforce of trained providers better prepared to serve perinatal women and families with perinatal mood and anxiety and co-occurring disorders
- **Objective 3:** Develop an integrated, collaborative and reciprocal network of primary and behavioral health and social service organizations (8-15) to support pregnant and postpartum women and families with behavioral concerns

**Request For Partnership**

This is a non-competitive approach to investing in a system of service delivery. This Request for Partnerships (RFP), seeks multi-sector partners from primary care and behavioral health and social service organizations to align with the strategies above. MCFHC is asking organizations to identify gaps and/or enhanced needs that will support the goal and strategies listed above. Funding will be tailored to each organization’s identified gaps and areas for enhancing service delivery to meet best practice standards.

There is approximately $275,000 (total) available to primary, behavioral health providers and social service agencies to support the creation and enhancement of the Perinatal Behavioral Health Initiative:

- Form a referral network that coordinates care across the network for their patient/client/consumer
- Work within a collaborative and reciprocal framework
- Learn together to identify and solve challenges, celebrate success and
- Create a sustainable network through increasing partnerships to integrate primary and behavioral health and social supports to improve service delivery for perinatal women and families

Technical assistance will be provided to Partner Organizations on a regular basis by MCFHC. Challenges, barriers and concerns and success will be identified and solutions sought/shared through facilitated groups.

The MCFHC will gather information through the organizational assessment to gauge where partners are in their current processes. Information will be used to identify where capacity building supports are needed in order to provide an integrated, collaborative, well informed workforce trained in supporting perinatal women with behavioral health concerns in a coordinated and responsive network where and when the women want to receive services and supports, with real time access.

Specific partnership activities will support Partner Organizations’ implementation of universal screening and referral protocols for perinatal mood and anxiety and co-occurring disorders. Partner organizations will coordinate case management for perinatal women for identified behavioral health
concerns. Case management will focus on coordination across a multidisciplinary partnership network addressing the physical, psychological/emotional and social needs of perinatal women and children.

Coordination across the Partner Organizations will be supported by the data management system, REDCap. All treatment modalities will be evidenced-based and supportive service delivery will promote best and promising practice.

The Perinatal Resource Network (PRN) is the vehicle MCFHC uses to build multi-sector provider buy-in as well as the mechanism for network building which will inform and support agreements on standards (i.e. screening and referral protocols), capacity building, opportunities to leverage resources by enhancing referrals to Partner Organizations and fill gaps in the referral network. Partner Organizations will designate an individual to participate in PRN to help enhance their practices and knowledge to a broader set of organizations.

A rigorous evaluation plan will measure activities and outcomes using a cross system approach to integrated service delivery, individual outcomes and quality improvement activities across the multiple sectors of primary and behavioral health and social supports. Regular outcome tracking will be utilized by the Partner Organizations and the MCFHC evaluation team will provide feedback to Partner Organizations on a regular basis.

**Target Population**

The target population for this RFP are Medicaid eligible/uninsured pregnant and postpartum (up to one year) women of child bearing age (14 to 44 years) who reside in one of the St. Louis City zip codes. Partner Organizations will serve women at highest risk for behavioral health concerns and includes the following:

1. Live in high infant mortality zip codes in St. Louis City
2. Have a previous birth that resulted in infant death, low birth weight, prematurity
3. Screens of concern for perinatal mood and anxiety disorder
Identification, Intervention and Service Delivery

The identification of behavioral health concerns of perinatal women through screening will lead to the intervention of PBHI: engaging perinatal women with identified concerns in a case management process for assessment, referral to clinical treatment using either Interpersonal Therapy (IPT) or Cognitive Behavioral Therapy (CBT) (if use of another therapeutic approach is utilized please detail in Section C below); referral to supportive services (housing, childcare, support groups, parent education, doulas/childbirth education, breastfeeding, etc.); follow-up to referrals by case manager, completion of treatment plan that will ultimately lead to a reduction/ effectively manage symptoms.

SBIRT (Screening, Brief Intervention, and Referral to Treatment) is an early intervention approach that targets those with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment. Utilizing an SBIRT-like approach concerns will be stratified according to low, moderate, high risk based on the screening tool used
by partner organization. (Screening tools include: Edinburgh Postnatal Depression Screen (EPDS), Patient Health Questionnaire 9 (PHQ-9), Center for Epidemiological Studies-Depression, Revised (CES-D, R-normed for St. Louis Healthy Start African American women), etc.:

- Low risk will include education (parenting, breastfeeding, immunizations, child care, etc.) (~70-80% of total women screened)
- Moderate risk will include education and supportive services, referral to case management for identified concerns (Counseling, drug/alcohol/smoking assessment, referrals for basic needs, support group, etc.) (12-15% of total women screened)
- High risk will include referral for substance use treatment/psychiatry (MH services/meds) (in/outpatient) (2-5% of total women screened)

Funding Priorities

MCFHC’s funding priorities are in alignment with MHB’s strategic vision of providing a coordinated system of behavioral health services aligned with community priorities that address the needs of St. Louis City residents. Special consideration will be given to partner organizations which:

1. Provide services to perinatal women in the priority zip codes at highest risk for perinatal mood and anxiety disorders with co-occurring disorders
2. Increase both the integration and the co-location of primary and behavioral health and social services
3. Support services that address racial equity and reduce disparities
4. Support services that respond to behavioral health concerns

Behavioral Health Services Supported by MCFHC Perinatal Behavioral Health Initiative

- Outpatient services
- Diagnostic and treatment services
- Liaison and follow-up services
- Consultation and education services
- Prevention services
- Screening services
- Follow-up care services
- Alcoholism and alcohol use prevention and treatment services
- Drug addiction and drug use prevention and treatment services

Application Submission Guidelines

A successful Application submission will:

- Be submitted via email only by Thursday, May 5, 2016 at 5:00 p.m. and will contain the necessary information required to respond to MCFHC’s application questions. The completed application, budget and all supporting documents must be attached.
• Address organizational commitment to participate in building a system of service delivery to better meet needs of perinatal women and children:
  o Change and improve current screening and referral processes to align with universal screening/referral protocols.
  o Offer case management to women for identified concerns for assessment, referral for therapeutic treatment and social service supports.
  o Utilize case management and case coordination among partner organizations as a bridge among primary and behavioral health and social services.
  o Increase access to perinatal psychiatric expertise:
    ▪ Refer identified women for assessment and/or treatment
    ▪ Utilize consultation for providers on medication/treatment risk management
    ▪ Participate in peer led training on Perinatal Mood & Anxiety support system, medication/treatment risk management
  o Collaborative learning and quality improvement among funded partner organizations to address system barrier (such as referral follow up, documentation of intervention/services, reimbursement practices, data-sharing agreements) that promote and improve cross-sector collaboration and coordination of services.

• Complete the organizational assessment.
• Describe services that currently support a perinatal mood and anxiety support system.
• Describe current use of evidence-based practice, promising practice, or practice-based evidence currently in place to support referrals for identified behavioral health concerns.
• Provide services to **St. Louis City residents** in line with MHB’s community investments policies, in accordance with the governing Missouri state statute. Service delivery that is:
  o Consumer centered,
  o Strengths-based,
  o Outcome focused
  o Results oriented, and
  o Trauma-informed

• Request funding support to enhance referral and/or case management from current processes to a universal screening/referral protocol with identified partner organizations.

**Application Phase Timeline**

Applicant organizations should note the following dates:

• **February 25, 2016:** Call For Partnership Funding Opportunity registration open

• **March 24, 2016:** MCFHC Application workshop for registered applicant organizations.

• **April 1, 2016:** Electronic application form will be available on the MCFHC website.
• **April 11 – April 29, 2016:** MCFHC staff will conduct individualized Technical Assistance for all organizations submitting an application. *Technical Assistance is mandatory.*

• **May 5, 2016 (5:00 p.m.):** Submission Deadline closes. *All applications must be submitted by the 5:00 p.m. deadline.*

• **May 9 – May 20, 2016:** MCFHC review submitted applications

• **May 23 – June 3, 2016:** Partner Organization negotiations

• **June 10, 2016:** Partner Organizations notified and contracts mailed.

• **June 17, 2016:** Partner Organization contracts signed and received at MCFHC.

• **June 23, 2016:** Partner Organizations Pre-Implementation meeting: Mandatory attendance by designated staff to include contracts, financial, data management, service delivery staff, etc.

Only Applications submitted by email to jmichael@stl-mcfhc.org will be reviewed and considered for partnership opportunity. These instructions provide the steps necessary to submit an Application. For help with any part of this process, email jmichael@stl-mcfhc.org

**Submitting an Application**

Important Guidelines for Completing the Application Form

**The electronic form will be available on the MCFHC website where this application form was accessed on April 1, 2016. Use of the electronic form is mandatory and any submission without the electronic form will not be accepted. A list of the Application questions required for submission are provided below, along with specific directions for answering each question.**

• Answers provided should be clear, succinct, and use bullet points when possible.

• Text may be copied and pasted from a Microsoft Word document.

• Some formatting, like bullet points and numbered lists, will copy over from a Microsoft Word document.

• Ensure spell check has caught any errors. Typically, browser spell-checks will also show any misspelled words with a red underline. This may be an additional help to verify correct spelling. NOTE: Spelling and grammar do matter.

• All dollar amounts entered should be whole dollars only, including those entered in the Application Budget Workbook.

• **Save early and save often.**

**The Application Form**

The following sections needs to be completely and accurately answered.
1. Organizational Information

- **Briefly summarize the applicant organization’s history.** 3,000 character limit. Describe the pertinent history of the applicant organization.

- **Enter the applicant organization’s mission statement.** 1,000 character limit. Enter the applicant organization’s mission statement. Indicate whether this is the external mission statement (e.g., on the website) or the internal mission statement (e.g., from a strategic planning process).

- **How does the proposed project support the mission of the applicant organization?** 2,000 character limit. Why is this project a good fit for the applicant organization, and how does it add to the services already provided by the organization? How is it consistent with the mission? How does it leverage the applicant organization’s strengths to provide an increased benefit to the consumer population served?

- **How is the applicant organization best qualified to participate as a Partner Organization, work with the target consumers, and achieve the proposed results?** 2,000 character limit. Make the case why the applicant organization is qualified and should be funded to provide the proposed intervention(s).

- **Briefly describe any relevant, recent organizational accomplishments and/or achievements that support and document the applicant organization’s capacity to deliver and effectively partner in the proposed project.** 1,500 character limit. List relevant awards, honors, accreditations, recognitions, and accomplishments. Include any accreditation information on the Attachments section.

- **Identify the St. Louis City zip codes to be served by the proposed project.** Provide the number of perinatal women served by zip code in the previous calendar year. This list contains only zip codes that are fully within the City of St. Louis.

- **Identify any additional overlapping City / County zip codes to be served by the proposed project. Select all that apply.** Some zip codes span the City/County line. Services may be provided to any consumers living on the St. Louis City side of the boundary within these zip codes. Provide the number of perinatal women served by zip code in the previous calendar year. Provide all St. Louis City zip codes where the proposed services will be provided. This list contains only zip codes that span the City /County boundary.

- **What are the related systemic issues, structural barriers, or root causes that directly impact perinatal women and family this RFP seeks to address?** 2,500 character limit. The condition or need described does not exist in a vacuum. Describe the related systemic issues, structural barriers, or direct causes. These may be localized to the City of St. Louis or generalized to the St. Louis Metropolitan Area in the case of larger systems.
Organizational Description: 5,000 character. Provide an overview of the applicant organization's history, core competencies, and programmatic priorities. Include the applicant organization's mission statement; discuss how the proposed partnership supports the mission of the applicant organization.

Core competencies and programmatic priorities include the unifying theories about, or commonalities between, the applicant organization's programs. For example, the applicant organization may have core competencies or programmatic priorities in behavioral health integration with primary care; therapeutic interventions with children; culturally competent care for persons with a history of trauma; prevention aimed at substance abuse relapse, etc.

Capacity Building Survey: Please click on link to Survey Monkey to complete capacity building questionnaire.

2. Target Population / Consumers

Consumers, in most cases have a choice of whether to participate and potentially benefit from the services available. Rather than assuming "if you build it, they will come", this application must demonstrate that the applicant organization is clear about who the consumers of the proposed project are, where they are, what their real needs are, what will help them to address those needs, and what will motivate them to take advantage of the proposed services.

The MCFHC has identified the target population as Medicaid/uninsured pregnant/postpartum women (up to one year postpartum) with a priority focus in zip codes with high risk of prematurity and low birth weight.

List the relevant and pertinent demographic characteristics of the consumers the proposed project intends to serve. 2,000 character limit. Who are the consumers to be served by the proposed project? Where do they live? How old are they? What ages or characteristics do they share?

List the strengths, assets, and / or protective factors that are characteristic of consumers who are likely to be successful in the proposed project. 2,500 character limit. Every consumer will enter services with specific strengths, assets, and/or protective factors. What are the common strengths, assets, and/or protective factors that consumers who successfully complete the proposed intervention will share? How will these influence the consumer's achievement of the proposed project's outcomes?

List the challenges, barriers, and / or risk factors that will influence a consumer's achievement of the proposed outcomes. 2,500 character limit. Every consumer will come into services with specific challenges, barriers and/or risk factors. What are the common challenges, barriers, and/or factors that consumers who enroll in the proposed intervention will share? How will these factors influence the consumer’s achievement of the proposed project’s outcomes?

MHB’s funding is restricted to services for residents of the City of St. Louis. Describe how the organization / project staff will verify each consumer’s continuous
residency in the City of St. Louis. Address how often residency will be verified. 1,000 character limit. Describe the procedures used for and the frequency of verification of consumer residency. A home visit is not in and of itself adequate to verify residency; additional verification should be requested in that instance. For individuals who are homeless, their usual living area or shelter must be within the City limits.

- **Describe the activities and strategies that will be used to recruit, engage, and retain project consumers.** 2,000 character limit.
  - Provide an overview of the process the applicant organization will use to enroll a consumer in the proposed project. In the response address outreach, recruitment, and marketing efforts for the proposed project. If referrals will be accepted, from which organizations will they be accepted?
  - Provide an overview of how and why the consumer will engage with and continue to interact with the proposed project. What actions will project staff take? Why will a consumer want to continue to receive services? It is helpful to view the proposed project through the eyes of the consumer when answering these questions.

- **Describe the evidence base (e.g., evidence-based practice, promising practice, practice-based evidence, etc.) that supports the intervention(s). Provide citations and references as appropriate.** 5,000 character limit. A therapeutic/programmatic approach is considered evidence-based or a promising practice if it is designated as such by a national agency based on the research base that exists. Evidence-based practices have a published research base that verifies the efficacy of the intervention with specific populations. Promising practices are those that are developing this evidence base.

- **If the intervention(s) is / are an evidenced-based practice or model, how will fidelity be maintained?** 3,000 character limit. Project/implementation fidelity, as defined by Carroll and colleagues, identified five fundamental elements: (1) adherence to the service model as specified by the developer; (2) exposure or dosage; (3) the quality or manner in which services are delivered; (4) participants’ response or engagement; and (5) the understanding of essential program elements that are not subject to adaptation or variation (Carroll et al. 2007, available http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2213686/). Fidelity to non-evidence-based program models is also important. Describe how the proposed project staff will verify that the implementation of the project, intervention(s), services, and/or models are being maintained with fidelity to the original evidence-based or promising practice, or to the organization’s practice-based programmatic model.

- **For organizations currently providing the interventions outlined in Section D (case management, referral and follow up, completion of treatment plan that leading to improvement in symptoms) describe the experience / results of implementing the current project and intervention(s). Include outcome data and the length of time the organization has provided the project and intervention(s).** 5,000 character limit.

  All partners- this section should reflect the recent accomplishments of the program/project serving perinatal women, how long the organization has been providing the services and achieving these results, and should include all consumers receiving these services, not just City residents. Where possible, break out City resident data from other consumer data.
• Data included should be in the form of numbers and not just percentages. For example, 150 of 168 consumers vs. 78% of consumers. The more specific, the better; for example, “Our organization has been providing this intervention for 4 years. Our most recent outcome data indicates that 80% (80/100) of consumers served have achieved [specific outcome] in a 6 month time period from January 1, 2014 through June 30, 2014.”

• Many consumers require additional assistance / resources to successfully complete funded interventions. Describe how the proposed project will connect consumers with additional assistance / resources offered by the applicant organization, through collaborative partners (if applicable), or through referrals to identified referral partners. 3,500 character limit. Many consumers require additional assistance to successfully complete funded interventions. What additional community resources will consumers who participate in the proposed project need to achieve and/or sustain the intended outcome(s)? How will consumers be linked to additional resources through the proposed project activities? Examples: transportation, food assistance, education or job training for parents, interpretation, primary care and specialty physician services. In the response identify if resources will be provided by the applicant/lead organization, through collaborative organizations or through referral partners.

• Provide information describing staffing for the proposed project. 3,000 character limit. **Remember this partnership opportunity is designed to enhance services and fill gaps. The intent is not to hire staff but to partner in a collaborative and reciprocal manner with other partner organizations to provide services for identified concerns. Screening agencies will need to enter information into the data management system to begin referral to case management. If you are a case management provider, there is an expectation that an assessment and treatment plan will be implemented and followed through completion, enter referral information into data management system and attend monthly case manager meetings. If you are a referral partner organization, the expectation is you will enter information into data management system on referral completion, participate in PRN. It is anticipated that there may be partner organizations who will be receiving referrals for services that are paid by other funding sources. Please be clear in describing this in the application. Partner organizations are expected to attend trainings, capacity building activities.

Include the following in the response:

• List the staff members who will be assigned to the proposed project.

• Describe the qualifications, including licensing, of the staff members.

• Describe the Full-Time Equivalent (FTE) staffing levels for each staff person assigned to the project.

• Indicate whether these positions will be assigned to staff currently employed by the organization.

3. Desired Result(s) / Outcome(s)
Selection and attainment of both primary outcomes is mandatory for Partner Organizations. Secondary outcomes chosen by a partner organization will reflect the service provided. **Primary outcomes must be selected. Choose outcomes your organization will impact through collaboration and care coordination with other partners.**

The consumer behavior and/or condition changes which may be outcomes of the proposed project are as follows:

- **Primary outcomes:** (Both will be tracked)
  - Reduce/effectively manage symptoms
  - Maintain/improve daily functioning (Use of DLA 20)

- **Secondary outcomes:**
  - Develop/strengthen skills that support independent living
  - Secure/maintain safe, stable housing
  - Secure/maintain gainful employment and/or pursue other educational attainment
  - Maintain/improve management of co-occurring condition(s)
  - Avoid/reduce substance use and other risky behaviors
  - Resolve legal issues and/or requirements
  - Comply with and accept community norms
  - Advocate and access appropriate community resources
  - Adhere to recommended health regimen
  - Develop/maintain positive relationships with family, peers and others

4. **Outcome Projections for FY17**

MCFHC is interested in funding partner organizations that provide a measurable change in the behavior(s) and/or condition(s) of the consumers who participate in this project.

- **Year 1 - Number Achieving Outcome:** Enter the number of consumers anticipated to complete the proposed project/intervention(s) for Year 1.

- **Year 1 - Number Anticipated to Enroll:** Enter the number of consumers anticipated to enroll for Year 1. MCFHC considers a consumer enrolled in the project at the time that they begin receiving services. MCFHC anticipates that more consumers will enroll than will complete an intervention.

- **Year 1 - Results and Cumulative Results Statement:** State the anticipated results and the number of consumers entered anticipated to achieve the outcome.

5. **MHB or MCFHC Funding History**

Has the applicant organization been funded by the Mental Health Board or Maternal, Child & Family Health Coalition before? Answer ‘Yes’ if the applicant organization has received any type of MHB or MCFHC funding previously in any funding cycle. Answer ‘No’ if the applicant organization has never received funding from MHB/MCFHC.

6. **Medicaid**
• **Medicaid Project Funding**: Will Medicaid reimbursement be used to partially fund the proposed project? Answer ‘Yes’ if any components of the proposed project will be funded by Medicaid reimbursement for project services provided.

• **Medicaid-supported Services**: If ‘Yes’ is selected in question above (1,500 characters), describe what services are Medicaid-supported and distinguish how MCFHC funds will be used to support the proposed project in a way that does not supplant the Medicaid funding.

7. **Year 1 Total Project Budget**

Enter the total budget for the first year of the proposed project. The amount entered should represent the total cost to provide the proposed project for the first year and should include all project costs, in-kind contributions, anticipated grant funding from all funders, and the requested MCFHC funding amount.

• The total first year project budget is expected to be more than the first year MCFHC requested amount; MCFHC expects that grantee organizations will contribute some portion of the costs of the project from other funding, in-kind contributions, or other revenues.

• **First Year Budget as % of Total Organization Budget**: Provide the first year budget % by dividing the First Year Project Budget by the Total Organization Budget.

8. **Requested MCFHC Funding Amount**

Enter the requested MCFHC funding amount for the first year of the proposed project. This is the amount MCFHC is being asked to provide as a partnering organization; this amount should match the total amount in the Application Budget Workbook.

9. **Service Delivery Sites**

Add all sites where service delivery will occur. Enter the Organization Name where services are provided. This may be the same name as the applicant organization, or may be a different organization name. Enter in the address details of the location where services are delivered. Enter as many service delivery sites as necessary.

**Service delivery sites that should be included are those sites including the applicant organization main site, other community organizations or different applicant organization office locations where services are provided.**

**NOTE:** If services are provided in-home, it is not necessary to provide individual consumer visitation site.

10. **Attachments Section**

The Attachments Section is the where all budget and supporting document submissions are attached to the Application.

11. **Budget Information**
The FY17 Application Budget Workbook contains four tabs requiring data entry: Applicant Information; FY17 Personnel Detail; FY17 Budget Detail; and FY17 Budget. Any questions about the budget workbooks should be addressed during Technical Assistance. Specific instructions for completion are below the data entry fields on each tab of the workbooks.

12. Additional Supporting Documents

All organizations must demonstrate their eligibility to receive funding through the MCFHC. The additional documents in this section will provide documentation that the applicant organization meets the eligibility requirements. These documents will be used by MCFHC during the process of due diligence for verification of eligibility.

Supporting Documents that may be attached include:

- The most recent **Audited Financial Statement and Management Letter** for the applicant organization. This is required of all applicant organizations.
- The most recent **IRS Form 990** for the applicant organization. This is required of all applicant organizations with budgets which meet the IRS threshold for filing a Form 990.
- The **IRS Determination Letter** that indicates the applicant organization’s tax exempt status. This is required of all applicant organizations.
- A **Certificate of Good Standing issued by the Missouri Secretary of State** within the last 12 months. This is required of all applicant organizations.
- **Current Staff Clinical Licenses** for all direct staff providing services for the proposed project.
- **Certificate of Insurance** for the Applicant Organization that indicates at least the required minimum levels for General Liability, Worker’s Compensation, Comprehensive Commercial Auto (if applicable) and Property Perils (if applicable). This is required of all applicant organizations.
- Any additional **Certificates of Insurance for Professional Liability** (if applicable). This may not apply to all applicant organizations.
- **Current Accreditation or Certification Award Letter(s)** for all agencies with accreditation through COA, CARF, etc., should be provided. This may not apply to all applicant organizations. If the applicant organization does not have an accreditation accepted by the Missouri Department of Mental Health (see p. 4), use this space to upload copies of the correspondence with DMH regarding certification/designation of the proposed services.

Questions about supporting documentation should be addressed during Technical Assistance.

Next Steps

Upon receipt of each Application, MCFHC will begin their internal review process. Negotiations with partner organizations will occur May 16 – 27, 2016. Applicant organizations will be notified of the results of this process on or before June 10, 2016 and contracts will be included. Signed contracts returned to MCFHC by June 17, 2016. Partner Organization Implementation Meeting will be held June 23, 2016 and is mandatory. Details will be sent with contract.
Thank you for your interest in the Maternal, Child and Family Health Coalition.

The Maternal, Child and Family Health Coalition appreciates the support and partnership of the St. Louis Mental Health Board.